Yes No No	et all three tests for	a spouse or dependent child because they meet all three tests for	earned" income, or liabilities of a committee on Ethics.	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent chexemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No	Have you excluded	ther "excepted trusts" need not be disclosed.	mmittee on Ethics and certain o	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?
Š	E QUESTION	N - ANSWER <u>BOTH</u> OF THESI	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS
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Yes	an \$5,000 from a or years?	130	Yes No No	D. Did you, your spouse, or your dependent child have eny reportable liability (more than \$10,000) at any point during the reporting period?
an Yea No	r arrangement with a	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the dete of filing?	Yea No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
197 Yes No	ing the reporting ough the date of filin	E. Did you hold any reportable positions during the reporting period or in the current calender year up through the date of filing?	Yes. No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that wes worth more than \$1,000 at the end of the reporting period? Or b. Receive more then \$200 in unearned income from any reportable asset during the reporting period?
ų		TIONS	개 OF THESE QUES	PRELIMINARY INFORMATION – ANSWER <u>EACH</u> OF THESE QUESTIONS
A \$200 penaity shall be assessed againet any individual who filea more than 30 days late.	A \$200 penaity s Individual who f	Period Covered: January 1,	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	W.S. HOUSE	Check if Amendment	18 New YORK	New Member of or Candidate for State U.S. House of Representatives Candidates – Date of Election: 11
IS MAY IT AM II: 52	8	hone:	Daytime Telephone:	Name: JAMES THOMAS MAXWELL
LEGISLATIVE RESOURCE CENTER	TEGIST!	FORM B For New Members, Candidates, and New Employees		UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT

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Name: JAMES THOMAS MAKWELL

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316 DAUL CVO VALLE DE	NYS 619- D-2	IP MORLANSTA ALCRESSIVE	NYS519-2-1	CANA WALLANDOWS MKT	ABC Hedge Fund		Mega Corp Stock	If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or lointly held with anyone (JT), in the optional column on the far laft. For a detailed discussion of Schedula A requirements, please refer to tha instruction booklet.	If you have a privetely-traded fund that is an Excepted Investment Fund, please check the "EIF" box.	Exclude: Your personal residence, including second faculties and vacation homes (unless there was renta income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.	For an ownarship interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.	For rental and other real property held for investment provide a complete address or description, a.g. rantal property: and a city and state.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more then \$1,000 in interest-bearing accounts.	401(k) plans) provide the value for each asset half the account that exceeds the reporting thresholds.	(do not use only ticker symbols). For all IRAs and other retirement plans (such as	dentify (a) each asset held for investment or production of income and with a fair market value accepting \$1,000 at the end of the reporting period, succepting \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year.	Assets and/or income Sources	BLOCK A
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Name: JAMES THOMAS MARWELL

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Name: JAMES THOMAS MAYNEW

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SCHEDULE A - ASSETS & "UNEARNED INCOME"

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Amount of Income	BLOCK D

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SCHEDULE C - EARNED INCOME

Name: JAMES THOMAS MAKWELL Page 1 of 1

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you ere on House payroll. The 2016 limit on outside earned income for Members end employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for List the source, type, and amount of earned income from any source (othar than tha filar's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both tha filer and filer's spousa, list the source and amount of any honoreria. List only the source for othar spouse earned income axceeding \$1,000. See examples below. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benafits received under tha Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and sanior staff.

					TEACHERS THEWARDS CE & PHONEITH ASSC.	ROCHESTEL GENERAL HOSPITAL	EXAMPLES: Civil War Roundtable (Oct. 2) Ontains County Board of Education		Source (include date of receipt for honoraria)
					JEF. Comp	SALAKY	Spouse Speech Spouse Salary	Honorarium Salary	Туре
					ф	8396	\$0 N/A	\$20,000	Arr Current Year to Filing
					28,396	744,780	\$1,000 N/A	\$500 \$500	Armount Preceding Year

SCHEDULE D - LIABILITIES

Name: JAMES THOMKS	
MANNELL	
Page of	

Report liabilities of over \$10,000 owed to eny one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period by your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Mark the highest amount owed liabilities secured by read property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence period. New Mark the highest amount owed the reporting the reporting period by your spouse, or your dependent child. Mark the highest amount owed the reporting the reporting period by your spouse, or your spouse, or your spouse, or your spouse, or your dependent child. Mark the highest amount owed the reporting the reporting the reporting period by your spouse, or your spouse llabilities owed to you by a spouse or the child, perent, or sibling of you or your spouse. Raport e revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

Creditor Creditor Creditor Creditor Incurred MO/YR MO/YR First Bank of Wilmington, DE 598 Mortgage on Rental Property, Dover, DE	exceeded \$10,000.	COMPLETE IS TO HELDINGS HERE SHELL SHELL SPORTS OF SEPTEMBER 1	any by you apon			<u>, </u>		,	<u>-</u>	-	-	Amount of Liab	Amount of Liability	Amount of Liability	Amount of Liability
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or aducational or other institution other than the United States. Exclude: Positions held in any religious, sociel, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members end second-year candidates report positions held in the reporting period and the current celendar year. First-year candidates and new employees report positions hald in tha current calandar year and two previous years.

MEMBE Position MEDICAL GROUP Name of Organization DISSUMED JAM. 2018

SCHEDULE F - AGREEMENTS

Name: JAMES THIMAS MAINELL Page of

Identify the di continuation of employer.	Identify the date, parties to, end general terms of any egreement or enrangement thet you have with respect to: future employment continuation or deferral of payments by e former or current employer other then the U.S. government; or continuing participation in employer.	have with respect to: future employment; e leave of absence during the period of government service; averament; or continuing participation in en employee welfere or benefit plen maintained by e former
Dete	Perties to Agreement	Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year end two prior years. This includes the nemes of clients end customers of any corporetion, firm, partnership, or other business enterprise if you directly provided the services generating e fee or payment of more than \$5,000. Exclude: Peyments by the U.S. government end any information considered confidentiel as e result of a privileged relationship recognized by lew. Do not repeat information listed on Schedule C.

government and any international contractions and of the second of the s	printingua i major no mpi to cognico e y tore e e no e e e poete miserial meses en estrodado e.
Source (Neme end City/Stete)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
MAKWELL BOEN MEDICAL CROWN PLUC	
ROCHESTEL NEW YORK	NEUROSURGEON
ROCHETER GENELAL HOSPITAL	NEUROSURGEON
RICHESTER NEW YORK	